

INDIANA DEPARTMENT OF REVENUE CIGARETTES RETURNED TO MANUFACTURER WITH TAX STAMPS AFFIXED TO ORIGINAL PACKAGES

Distributor's Name _		Distributor's License #					
	Period of,,						
MANUFACTURER	AFFIDAVIT#	DATE	NO.OF PKGS RETURNED	PACKAGE SIZE	NO. OF CIGARETTES	STATE TAX AFFIXED	DATE RETURNED
						INDIANA	
						INDIANA	
						INDIANA	
						INDIANA	
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						INDIANA	
						INDIANA	<u>l</u>
RETURNED TO MANU	FACTURER						
TOTAL RETURNED TO MANU		RETTES					
TOTAL RETURNED TO MANU		RETTES					

OUT-OF-STATE DISTRIBUTORS: Total the Indiana stamped cigarettes returned to manufacturer -- Report this total on CT-24, Line 4.

IN-STATE DISTRIBUTORS: Total the other states stamped cigarettes returned to manufacturer -- Report this total on CT-5, Line 5. Show states separately.